

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-08-2002 90049 008 ****70.00

DOCUMENT # N01000002827

1. Entity Name

MARGARETS ANGELS HOME AWAY FROM HOME, INC.

Principal Place of Business

Mailing Address

**349 TANGLEWOOD BLVD.
 ORANGE PARK FL 32065**

**349 TANGLEWOOD BLVD.
 ORANGE PARK FL 32065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3712071

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAY, MARGARET
 349 TANGLEWOOD BLVD.
 ORANGE PARK FL 32065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PCEO** Delete
 NAME: **WAY, MARGARET**
 STREET ADDRESS: **349 TANGLEWOOD BLVD.**
 CITY-ST-ZIP: **ORANGE PARK FL 32065**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DS** Delete
 NAME: **MARELL, SHARON**
 STREET ADDRESS: **349 TANGLEWOOD BLVD.**
 CITY-ST-ZIP: **ORANGE PARK FL 32065**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DT** Delete
 NAME: **HORNE, MERLENE**
 STREET ADDRESS: **349 TANGLEWOOD BLVD.**
 CITY-ST-ZIP: **ORANGE PARK FL 32065**

TITLE: **DT** Change Addition
 NAME: **HORNE, MERLENE**
 STREET ADDRESS: **1426 ELLIS TRACE DR N.**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32205**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARGARET WAY** **REQUIRED**

4-23-02

904-272-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)